Name In Full

Not named Dashiell

Certificate of Death

Died at Town Fruitland County Wicomico MARYLAND

Date 1899 Month 11 Day 16 Age Y. 10 M. D. Native of Wicomico Occupation ✓

~~Male~~ Female ~~White~~ Colored ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of Wife ✓

Father's Name Sam Dashiell Mother's Name Rosa Dashiell

Cause of Death Primary Tubercular meningitis" How long sick 6 wks

Immediate Apnoea. Accident, Suicide, Homicide

Reported by J. McDick

Address Salisbury Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 75[illegible]

Name In Full

Certificate of Death

Maggie M. Darkill

Died at Town: Salisbury. County: Wicomico MARYLAND

Date 1899 Month: Nov. Day: 13 | Age Y.: 3 M.: D.: | Native of: Maryland | ~~Occupation~~

~~Male~~ Femele | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

Fether's Name: Dont Know

Mother's Neme: Lizzie Darkill

Cause of Death: Primary: Dont know — How long sick:

Immediate: " " — ~~Accident, Suicide, Homicide~~

Reported by: Gen. C. Hill

Address: Salisbury Md.

Must be signed by physiclen, If any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70696

Attended by Dr. _____

of _____

Seen by Coroner _____

of _____

Information contained in this certificate received from _____

of _____

Name in Full

Certificate of Death

Willam J Driscoll

Died at Town Parsons Burge County Wicomico MARYLAND

Date 1899 Month nov Day 10 Age Y. 36 M. D. Native of marican Occupation farmer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living one

Husband Wife of Marah H Driscoll

Father's Name Mother's Name

Cause of Death Primary Consumtion How long sick

Immediate Accident, Suicide, Homicide

Reported by J R Harlow undertaker

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Dr. George Truitt
attending physician

Name In Full

Certificate of Death

Lillian M. Hunt

Died at Town: Salisbury County: Wicomico MARYLAND

Date 1899 Month: Nov. Day: 16 | Age Y. 4 M. 1 D. 2 | Native of: New Jersey | Occupation: none

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living: none

~~Husband~~ ~~of~~ ~~Wife~~

Father's Name: Wm S. Hunt

Mother's Name: Florence E. Robinson

Cause of Death: Primary: Malaria

Immediate: Heart Failure

How long sick: 2 weeks

~~Accident~~, Suicide, ~~Homicide~~

Reported by: Geo. H. Todd

Address: Salisbury Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79895

Name In Full

Certificate of Death

John M. Leonard

Died at Town: Salisbury County: Wicomico MARYLAND

Date 1899 Month: Nov. Day: 20 Age Y. M. D.: 72 Native of: Wicomico Occupation: Laborer

Male ~~Female~~ ~~White~~ Colored Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living Dr Know

Husband of Wife: Harriet Ann Leonard

Father's Name: Dr Know Mother's Name: Dr Know

Cause of Death: Primary: Unknown

Immediate

How long sick: Died Suddenly

Accident, Suicide, Homicide

OVER

Reported by: Louis W. Morris

Address: Salisbury Md.

OVER

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79393

Attended by Dr. _____

of _____

Seen by Coroner _____

of _____

Information contained in this certificate received from _____

of _____

Name in Full

Certificate of Death

John Majors

Town

County

Died at Salisbury Wicomico MARYLAND

Month Day | Y. M. D. | Native of | Occupation

Date 189 9 11 20 | Age

Male White Married Widow Divorced

~~Female~~ Colored Single Widower Number of children living

Husband of Wife

Father's Name

Mother's Name

Cause of Death { Primary apoplexy 42 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Salisbury Advertiser 11-20

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full | Certificate of Death

John R. Renshaw

Died at Town: Whayland | County: Wicomico | MARYLAND

Date 1899 | Month: 11 | Day: 7 | Age Y. M. D.: 20 | Native of: Md | Occupation: Labor

Male | White | ~~Married~~ | Widow | Divorced

~~Female~~ | ~~Colored~~ | Single | Widower | Number of children living

Husband of Wife

Father's Name: W. T. Renshaw | Mother's Name: Anna Renshaw

Cause of Death — Primary: Complication Diseases | How long sick: 4 months

Immediate: Consumption and Spinal | Accident, Suicide, Homicide

Reported by: E. A. Denson

Address: Whayland md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7[illegible]

Name in Full Jos. A. Travers

Certificate of Death

Dled at Town Tyaskin County Wicomico MARYLAND

Date 189 9 Month 11 Day 24 | Age Y. 68 M. D. | Native of | Occupation

Male ~~Female~~ White ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ Number of children living ~~8~~ 6

Husband of Wife

Father's Name

Mother's Name

Cause of Death { Primary drowned 148 / Immediate

How long sick

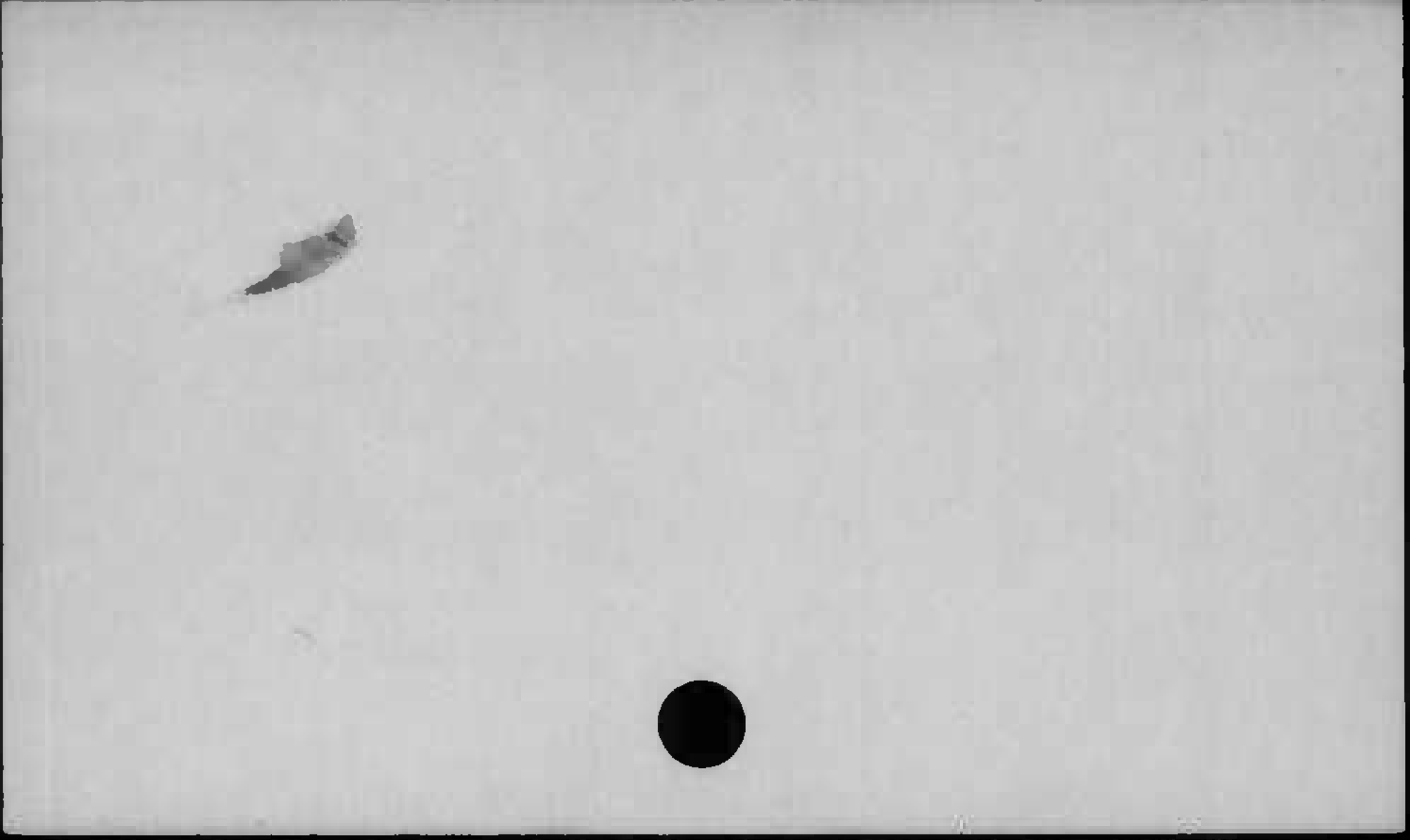
~~Accident~~, Suicide, ~~Homicide~~

Reported by Wicomico Co. News 11-80

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name In Full

Certificate of Death

William Walston

Died at Town Fruitland County Wicomico MARYLAND

Date 1899 Month 11 Day 27 Age Y. 62 M. D. Native of Wicomico Occupation Farmer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 5

Husband of ~~Wife~~

Father's Name Don't Know Mother's Name Don't Know

Cause of Death Primary Tuberculosis How long sick 1 year

Immediate Asthenia ~~Accident, Suicide, Homicide~~

Reported by Jos. Dick

Address Salisbury Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79[illegible]